10/25/23, 4:19 PM Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : I20000000238 : (305)591-9448 Phone Fax Number : (954)753-3447

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* '...

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEPTUNE RINGS ENTERPRISE, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Neptune Rings Enterprise, LLC	ing at it have anneaps on our re	peards )	<del> </del>
	(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	(CV(US.)	
	ticles of Organization for this Limited Liability Company document number <u>L23000471702</u>	were filed on 10/1.2/2023	<u> </u>	and assigned
This an	nendment is submitted to amend the following:			
A. If a	mending name, enter the new name of the limited liab	ility company here:		
The new	pains must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "	'LLC' or the abbrev	intion "L.L.C."
Enter i	 new principal offices address, if applicable:			
(Princi	nal office address MUST BE A STREET ADDRESS)			
Enter s	lew mailing address; if applicable:	4474 Weston Road # 1100	•	
(Mailin	g address MAY BE A POST OFFICE BOX)	Davie, FL/33331	١, ١	
B. If a: agent a	niending the registered agent and/or registered office a nd/or the new registered office address here:	iddress on our records, <u>er</u>	ter the name of	the new registered
	Name of New Registered Agent:		-	
	New Registered Office Address:			<del>-</del>
	Enter Florida street address			
			, Florida	
į		City	Z	ip Code
New Re	gistered Agent's Signature; if changing Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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	1/1/2024
(If an eff	(optional)  [extive date, if other than the date of filing:  [extive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a tent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	x10/25/23
	X 10/25/23.  X Signature of a member or authorized representative of a member
	AUTOSupe of a member or authorized secretarity of a member of

. Typed or printed name of signee